

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

INDEPENDENT VOICE FOR ILLINOIS PAC

ADDRESS (number and street)

PO BOX 9891

Check if different
than previously
reported. (ACC)

ARLINGTON

VA

22219

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00572743

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 20 2016

through

M M M / D D D / Y Y Y Y Y Y
11 28 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

MERLAU, JO, , ,

Type or Print Name of Treasurer

Signature of Treasurer

MERLAU, JO, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 08 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

INDEPENDENT VOICE FOR ILLINOIS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 20 / 2016 To: M M / D D / Y Y Y Y Y 11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2016		622938.48
(b) Cash on Hand at Beginning of Reporting Period.....	292021.13	
(c) Total Receipts (from Line 19)	114000.00	1799750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	406021.13	2422688.48
7. Total Disbursements (from Line 31).....	385062.86	2401730.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20958.27	20958.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

INDEPENDENT VOICE FOR ILLINOIS PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	114000.00	1589750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	114000.00	1589750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	210000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	114000.00	1799750.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	114000.00	1799750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	114000.00	1799750.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	185737.86	445203.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	185737.86	445203.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	199325.00	1956527.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	385062.86	2401730.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	385062.86	2401730.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	114000.00	1799750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114000.00	1799750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	185737.86	445203.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	185737.86	445203.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDEPENDENT VOICE FOR ILLINOIS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BATTS, WARREN, , ,

Mailing Address 219 E LAKE SHORE DR
APT 11CD

City
CHICAGO

State
IL

Zip Code
60611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11AI.4448

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURG & SON INC

Mailing Address 14422 S SAN PEDRO ST

City
GARDENA

State
CA

Zip Code
90248

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLBURN, RICHARD, , ,

Mailing Address 555 SKOKIE BLVD
STE 555

City
NORTHBROOK

State
IL

Zip Code
60062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAYROLL & INSURANCE GROUP INC

Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11AI.4444

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT VOICE FOR ILLINOIS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EDWARDSON, JOHN, , ,

Mailing Address 585 BANK LN

City
LAKE FOREST

State
IL

Zip Code
60045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRANK CALANDRA INC

Mailing Address 258 KAPPA DR

City
PITTSBURGH

State
PA

Zip Code
15238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period

19000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GELLER, MARTIN, , ,

Mailing Address 157 E 84TH ST

City
NEW YORK

State
NY

Zip Code
10028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GELLER & COMPANY

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

34000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT VOICE FOR ILLINOIS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRAINGER, DAVID, , ,

Mailing Address 867 PEMBRIDGE DR

City
LAKE FOREST

State
IL

Zip Code
60045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
W.W. GRAINGER INC.

Occupation (for Individual)
SENIOR CHAIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALKIN, STEPHEN, , ,

Mailing Address 440 LAKESIDE TERRACE

City
GLENCOE

State
IL

Zip Code
60022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RANGER CAPITAL MANAGEMENT LP

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2016

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MERLAU, KEN, , ,

Mailing Address 1095 FISHER LN

City
WINNETKA

State
IL

Zip Code
60093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2016

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 14
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT VOICE FOR ILLINOIS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHOR, LAUREN, , ,

Mailing Address 154 E 78TH ST

City
NEW YORK

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GELLER & COMPANY

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2016

Transaction ID : SA11AI.4446

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

114000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT VOICE FOR ILLINOIS PAC

Full Name (Last, First, Middle Initial)

A. 3E STRATEGIES, INC.

Mailing Address 4067 GRAND AVENUE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C**Transaction ID : SB21B.4462**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 10156 PERKINS RD
STE 217FCity
BATON ROUGEState
LAZip Code
70810Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C**Transaction ID : SB21B.4463**

Amount of Each Disbursement this Period

390.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BASSWOOD RESEARCH

Mailing Address 4550 MONTGOMERY AVE

City
BETHESDAState
MDZip Code
20814Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C**Transaction ID : SB21B.4464**

Amount of Each Disbursement this Period

38995.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

49385.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT VOICE FOR ILLINOIS PAC

Full Name (Last, First, Middle Initial)

A. BMO CONSULTING

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C**Transaction ID : SB21B.4465**

Amount of Each Disbursement this Period

3650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2016

FEC Identification Number

C**Transaction ID : SB21B.4466**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C**Transaction ID : SB21B.4467**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3690.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDEPENDENT VOICE FOR ILLINOIS PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

FEC Identification Number

C**Transaction ID : SB21B.4468**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTZMANVOGEL JOSEFIK PLLCMailing Address 45 NORTH HILL DRIVE
SUITE 100City
WARRENTONState
VAZip Code
20186Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C**Transaction ID : SB21B.4470**

Amount of Each Disbursement this Period

6204.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LVH CONSULTING, LLC

Mailing Address 2119 PAUL SPRING RD

City
ALEXANDRIAState
VAZip Code
22307Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

C**Transaction ID : SB21B.4481**

Amount of Each Disbursement this Period

41053.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

47277.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INDEPENDENT VOICE FOR ILLINOIS PAC

Full Name (Last, First, Middle Initial)

A. PKL CONSULTING, INC.

Mailing Address PO BOX 8535

City
NORTHFIELDState
ILZip Code
60093Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

C**Transaction ID : SB21B.4482**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRATEGIC MEDIA SERVICESMailing Address 1911 NORTH FT. MYER DRIVE
SUITE 400City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

C**Transaction ID : SB21B.4484**

Amount of Each Disbursement this Period

80385.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

85385.00

TOTAL This Period (last page this line number only).....▶

185737.86

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 14
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDEPENDENT VOICE FOR ILLINOIS PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00572743 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY														
Full Name of Payee <input type="checkbox"/> Memo Item STRATEGIC MEDIA SERVICES, INC.				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016										
Mailing Address 1911 N FT MYER DR STE 400				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">119325.00</div>										
City ARLINGTON		State VA		Zip Code 22209										
Purpose of Expenditure MEDIA PLACEMENT				Transaction ID : SE.4437 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2016										
Name of Federal Candidate: DUCKWORTH, L TAMMY, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IL</u>										
Calendar Year-To-Date Per Election for Office Sought 1876527.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
Full Name of Payee <input type="checkbox"/> Memo Item STRATEGIC MEDIA SERVICES, INC.				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016										
Mailing Address 1911 N FT MYER DR STE 400				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80000.00</div>										
City ARLINGTON		State VA		Zip Code 22209										
Purpose of Expenditure MEDIA PLACEMENT				Transaction ID : SE.4439 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016										
Name of Federal Candidate: DUCKWORTH, L TAMMY, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IL</u>										
Calendar Year-To-Date Per Election for Office Sought 1956527.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">199325.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;">199325.00</td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	199325.00	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	199325.00
(a) SUBTOTAL of Itemized Independent Expenditures	▶	199325.00												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶	199325.00												
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
MERLAU, JO, , , [Electronically Filed] Signature				Date MM / DD / YYYY 12 / 08 / 2016										